

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 097805 95		FILING DATE 2/10/01				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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49		/					99						
50		/					100						
TOTAL IND.	6						TOTAL IND.						
TOTAL DEP.	48						TOTAL DEP.						
TOTAL CLAIMS	54						TOTAL CLAIMS						